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PTO/SB/50 (02-89)  
Approved for use through 01/31/2004. OMB 6651-0012  
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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</b>	<b>Attorney Docket No.</b>	7594.10
	<b>First Named Inventor</b>	Lutz et al.
	<b>Original Patent Number</b>	5,967,264
	<b>Original Patent Issue Date (Month/Day/Year)</b>	10/19/99
	<b>Express Mail Label No.</b>	EK295543623US

<b>APPLICATION FOR REISSUE OF:</b> (Check applicable box)	<input checked="" type="checkbox"/> <b>Utility Patent</b>	<input type="checkbox"/> <b>Design Patent</b>	<input type="checkbox"/> <b>Plant Patent</b>
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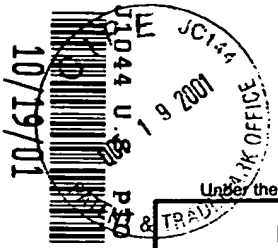
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (PTO/SB/ 56)</b> (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> <b>Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).</b>
2. <input type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27.</b>	11. <input type="checkbox"/> <b>Original U.S. Patent for surrender</b> <input type="checkbox"/> <b>Ribboned Original Patent Grant</b> <input type="checkbox"/> <b>Statement of Loss (PTO/SB/55)</b>
3. <input checked="" type="checkbox"/> <b>Specification and Claims in double column copy of patent format (amended, if appropriate)</b>	12. <input type="checkbox"/> <b>Foreign Priority Claim (35 U.S.C. 119) (if applicable)</b>
4. <input checked="" type="checkbox"/> <b>Drawing(s) (proposed amendments, if appropriate)</b>	13. <input type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449</b> <input type="checkbox"/> <b>Copies of IDS Citations</b>
5. <input checked="" type="checkbox"/> <b>Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)</b>	14. <input type="checkbox"/> <b>English Translation of Reissue Oath/Declaration (if applicable)</b>
6. <input checked="" type="checkbox"/> <b>Power of Attorney</b>	15. <input checked="" type="checkbox"/> <b>Preliminary Amendment</b>
7. <b>Original U.S. Patent currently assigned?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> <b>Written Consent of all Assignees (PTO/SB/53)</b> <input checked="" type="checkbox"/> <b>37 C.F.R. § 3.73(b) Statement (PTO/SB/96)</b>	16. <input checked="" type="checkbox"/> <b>Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</b>
8. <input type="checkbox"/> <b>CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</b>	17. <b>Other: Offer to Surrender....</b> ..... .....
9. <b>Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</b> a. <input type="checkbox"/> <b>Computer Readable Form (CFR)</b> b. <b>Specification Sequence Listing on:</b> i <input type="checkbox"/> <b>CD-ROM (2 copies) or CD-R (2 copies); or</b> ii <input type="checkbox"/> <b>paper</b> c. <input type="checkbox"/> <b>Statements verifying identity of above copies</b>	

<b>18. CORRESPONDENCE ADDRESS</b>			
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US		937-445-2990	937-445-8394

<b>NAME (Print/Type)</b>	Paul W. Martin	<b>Registration No. (Attorney/Agent)</b>	34870
<b>Signature</b>		<b>Date</b>	10/19/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
7594.10

Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 20	**** 0 =	x \$	=	or	x \$ 18 =	\$ 0
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	. 0 =	x \$	=		x \$ 84 =	\$ 0
Basic Fee (37 CFR 1.16(h)) \$								\$ 740
Total Filing Fee \$							OR	\$ 740

Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 46	MINUS	** 20	* = 26	x \$	=	x \$ 18 =	\$ 468
Independent Claims (37 CFR 1.16(i))	*** 7	MINUS	***** 3	= 4	x \$	=	x \$ 84 =	\$ 336
Total Additional Fee \$							OR	\$ 804

- \* If the entry in (D) is less than the entry in (C), Write "0" in column 3.
- \*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
- \*\*\* After any cancellation of claims.
- \*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
- \*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Please charge Deposit Account No. 14-0225 in the amount of .  
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 14-0225.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ to cover the filing / additional fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

10/19/01  
Date

Signature of Applicant, Attorney or Agent of Record  
Paul W. Martin  
Typed or printed name